

Inspired by our past.
Empowered by our identity.
Preparing for our future.



ÉCOLE
ST LANDRY
SCHOOL

Lindsay Smythe, M.S.
Directrice

Bonjour!

Thank you for your interest in lending your talents and ideas to our school. In order to get you processed in our system, we'll first need your fingerprints and background information. You'll need to bring your picture ID to your local Sheriff's Office. They will take your fingerprints and provide you with the necessary fingerprint card. Most offices don't require an appointment, but you may want to call ahead just to be sure. This usually costs \$10, cash or money order only.

Once you've got the card, please fill out the attached paperwork and bring me your info sheet, the fingerprint card, the background check request papers, a copy of your picture ID, and a money order for \$39.25. (The State background check is \$25 and the FBI processing is an additional \$13.25, required for any work at a school.) Processing can take up to six weeks, so once you're cleared we'll send you the new hire paperwork to complete. (Board members do not complete new hire documents.)

Please do not hesitate to contact me if you have any questions.

Merci!

Sarah Savoy
Directrice administrative
ssavoy@ecolestlandry.org
(337) 510-3022

(337) 510-3022
671 Napoléon Ave., Sunset, LA 70584
www.ecolestlandry.org ● info@ecolestlandry.org



Please provide the following information with your fingerprint cards and background check request forms so we'll know how to reach out to you:

Your name: _____

Your date of birth: _____ Your phone number: _____

Your email address: _____

Your highest level of education: _____

Number of years teaching experience: _____ Are you certified? _____

Your availability: _____

Any grade preference? _____

What is your level of French fluency? Please circle one.

- Niveau 0 No French, or just a few words and phrases
- Niveau 1 Basic sentences, common questions
- Niveau 2 Able to have limited social conversations and understand basic commands
- Niveau 3 Understand and speak the language well enough to contribute greatly in the workplace, though you may exhibit an obvious accent and need help with advanced terminology
- Niveau 4 You can have conversations at an advanced level and have a firm understanding of the language, though you may have some misunderstandings or occasional mistakes.
- Niveau 5 You are entirely fluent. You were raised speaking the language or have spoken it long enough to become proficient in it. Your accent is either nonexistent or barely recognizable.

SUBMIT TO:

Louisiana State Police
Bureau of Criminal Identification and Information
P.O. Box 66614 (Mail Slip A-6)
Baton Rouge, LA 70896

THE FEE FOR PROCESSING A STATE BACKGROUND CHECK IS \$26. FOR FBI PROCESSING, WHERE AUTHORIZED OR REQUIRED, THERE IS AN ADDITIONAL \$13.25 FEE.

Acceptable forms of payment include: Cashier Check, Business Check with pre-printed business name or Money Order
Credit Card payments are accepted when paying in person at Louisiana State Police Headquarters

FORMS MUST BE FILLED OUT IN INK AND BE REVIEWED BY SUBMITTING AGENCY/INDIVIDUAL FOR ACCURACY
****FINGERPRINTS ARE NECESSARY FOR A POSITIVE IDENTIFICATION****

****PLEASE PRINT****

Ecole Saint-Landry

Lindsay Smythe

AGENCY, FACILITY OR INDIVIDUAL

AGENCY, FACILITY AUTHORIZED REPRESENTATIVE OR INDIVIDUAL

671 Napoleon Avenue

MAILING ADDRESS

SIGNATURE OF AUTHORIZED REPRESENTATIVE/INDIVIDUAL

Sunset

LA

70584

(337) 510-3022

CITY

STATE

ZIP CODE

AGENCY, FACILITY OR INDIVIDUAL PHONE NUMBER

info@ecolestlandry.org

AGENCY OR FACILITY E-MAIL ADDRESS

Request For: (pick one only)

- ALCOHOL BEVERAGE OUTLET
BEHAVIOR ANALYST BOARD
BOARD OF EXAMINERS (PSYCHOLOGIST)
BOARD OF EXAMINERS (SPEECH/LANGUAGE PATH. & AUDIO.)
BOARD OF NURSING HOME ADMINISTRATORS
CASA
COURT ORDER ADOPTION
CRIMINAL JUSTICE EMPLOYEE
DAYCARE / WORKING WITH CHILDREN
DENTISTRY BOARD
DEPT. OF AGRICULTURE AND FORESTRY
DEPT. HEALTH AND HOSPITALS
DEPT. OF INSURANCE - FRAUD DIVISION
DEPT. OF REVENUE (Public Registry of Motion Picture Investor Tax Credit)
DCFS ABUSE/NEGLECT INVESTIGATION
DCFS CARETAKER
DCFS FOSTER/ADOPTIVE
DCFS PERSONNEL
DRUG AND DEVICE DISTRIBUTORS
EMPLOYERS
FIREFIGHTERS
FIRE MARSHAL
GESTATIONAL CONTRACTS
HEALTH CARE PROVIDER (Non Licensed)
JUVENILE DETENTION CENTER
LA BOARD CHIROPRACTIC EXAMINERS
LA PHYSICAL THERAPY BOARD
LA STATE BOARD SOCIAL WORK EXAMINERS
LICENSED PROFESSIONAL COUNSELORS
MEDICAL EXAMINERS
OFFICE OF FINANCIAL INSTITUTIONS
OMVC - COMMERCIAL DRIVING EXAM ADMINISTER
OMVE - EMPLOYEE ISSUING COMMERCIAL DL
OMVI - CONTRACT PROCESS INQUIRY/TRANSACTION
OMVT - AUTO TITLE COMPANY / PUBLIC TAG AGENT
PHARMACY BOARD
POST SECONDARY EDUCATION
PRACTICAL NURSING
PRIVATE ADOPTION
PRIVATE INVESTIGATORS
PRIVATE SECURITY
PUBLIC HOUSING
REGISTERED NURSING
RELIGIOUS ACTIVISTS
SCHOOL
SUPREME COURT COMMITTEE BAR ADMISSION
TAXI DRIVERS
TESS WINDOW TINT
VOLUNTEER LOUISIANA COMMISSION
WILDLIFE AND FISHERIES
WORKING WITH CHILDREN

APPLICANTS FULL NAME:
****PRINT - USE INK ****
LAST FIRST MIDDLE
{INCLUDE MAIDEN NAME & PREVIOUS MARRIED NAMES IF APPLICABLE}

APPLICANTS SIGNATURE:

APPLICANTS SOCIAL SECURITY # - - - - - DATE OF BIRTH: / /

ID or DRIVERS LICENSE # & STATE RACE SEX

POSITION OR LICENSE APPLIED FOR

AUTHORIZATION TO DISCLOSE CRIMINAL HISTORY RECORDS INFORMATION

By my signature above, I hereby authorize the Louisiana State Police to release all pertinent criminal record information maintained in their files, other states files, or the FBI files (if applicable) which may confirm or deny my eligibility with the facility or agency named above. Pursuant to Title 28, C.F.R., Section 16.34, officials making the determination of suitability for licensing or employment shall provide the opportunity to complete, or challenge the accuracy of, the information contained in the FBI identification record.

ATN _____

SID# _____

APPLICANT PROCESSING – DISCLOSURE
BUREAU OF CRIMINAL IDENTIFICATION AND
INFORMATION

P.O. BOX 66614 (MAIL SLIP A-6)
BATON ROUGE, LA 70896

École Saint-Landry

AGENCY, BUSINESS OR INDIVIDUAL NAME

671 Napoleon Avenue

MAILING ADDRESS

Sunset

LA

70584

CITY

STATE

ZIP CODE

NOTICE:

**PLEASE PRINT OR TYPE
INFORMATION, EXCLUDING
ADMINISTRATORS OR AUTHORIZED
PERSONS SIGNATURE.**

**INCOMPLETE FORMS WILL NOT BE
PROCESSED.**

NAME OF APPLICANT

DATE OF BIRTH

PLACE OF BIRTH
(STATE)

RACE / SEX

WEIGHT

HEIGHT

HAIR COLOR

EYE COLOR

SOCIAL SECURITY NUMBER

ALL INFORMATION RELEASED MUST REMAIN STRICTLY CONFIDENTIAL AND ONLY THOSE
AUTHORIZED BY LAW TO RECEIVE THIS INFORMATION MAY SUBMIT A REQUEST.

DO NOT WRITE BELOW THIS LINE: {For Bureau of Criminal Identification and Information Use Only}

NOTICE: The response to your request for a criminal history check is based on a review of the State of Louisiana's criminal history records database as is available at the time of request. This does not preclude the possible existence of an arrest or conviction information not available in our database.

CRIMINAL HISTORY DETERMINATION

RAPSHEET ATTACHED

RESPONSE BELOW